

# WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 2  
Updated: 08/24/2006  
Printed: 08/26/2009  
WFI Printed For: On-Demand  
Submission Reason: Non-Periodic update

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

1. SYSTEM ID NO. 59588 K	2. SYSTEM NAME NISQUALLY PARK WATER CO.	3. COUNTY PIERCE	4. GROUP A	5. TYPE Comm
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6. PRIMARY CONTACT NAME & MAILING ADDRESS  BOB BLACKMAN <i>Chief Ops Officer</i> [MANAGER] PO BOX 44427 TACOMA, WA 98448-0427	7. OWNER NAME & MAILING ADDRESS  RAINIER VIEW WATER CO BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448	8. Owner Number 000212  TITLE: OWNER CONTACT
STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 5410 189TH ST E CITY PUYALLUP STATE WA ZIP 98375	

9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (253) 537-6634 x1213	Owner Daytime Phone: (253) 537-6634
Primary Contact Mobile/Cell Phone:	Owner Mobile/Cell Phone:
Primary Contact Evening Phone: (253) 537-6634	Owner Evening Phone: (253) 537-6634
Fax: (253) 537-7896 E-mail: bob@rainierviewwater.com	Fax: (253) 537-7896 E-mail: irene@ranierviewwater.com
WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.	

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)	
<input checked="" type="checkbox"/> Not applicable (Skip to #12) <input type="checkbox"/> Owned and Managed SMA NAME: _____ SMA Number: _____ <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only	

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)	
<input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial / Business <input type="checkbox"/> Day Care <input type="checkbox"/> Food Service/Food Permit <input type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Industrial <input type="checkbox"/> Licensed Residential Facility <input type="checkbox"/> Lodging <input type="checkbox"/> Recreational / RV Park <input checked="" type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Temporary Farm Worker <input type="checkbox"/> Other (church, fire station, etc.): _____

13. WATER SYSTEM OWNERSHIP (mark only one)	14. STORAGE CAPACITY (gallons)
<input type="checkbox"/> Association <input type="checkbox"/> County <input type="checkbox"/> City / Town <input checked="" type="checkbox"/> Investor <input type="checkbox"/> Private <input type="checkbox"/> Special District <input type="checkbox"/> State	0

15	16	17	18												19	20	21					22	23	24				
	SOURCE NAME	INTERTIE	SOURCE CATEGORY												USE		TREATMENT					DEPTH		SOURCE LOCATION				
Source Number	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER.  Example: WELL #1 XYZ456  IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RAINNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	WELL #1		X										X			Y	X						38	75	NE SE	33	15N	07E
S02	WELL #2		X										X			Y	X						46	94	NW SE	33	15N	07E

# WATER FACILITIES INVENTORY (WFI) FORM - Continued

<b>1. SYSTEM ID NO.</b> 59588 K	<b>2. SYSTEM NAME</b> NISQUALLY PARK WATER CO.	<b>3. COUNTY</b> PIERCE	<b>4. GROUP</b> A	<b>5. TYPE</b> Comm
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	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED
<b>25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)</b>	0	68	Unapproved
A. Full Time Single Family Residences (Occupied 180 days or more per year)	88 B6		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
<b>26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)</b>			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
<b>27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)</b>			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	0	0	
<b>28. TOTAL SERVICE CONNECTIONS</b>		68	

<b>29. FULL-TIME RESIDENTIAL POPULATION</b>													
A. How many residents are served by this system 180 or more days per year? <span style="float: right;">170 ?</span>													

<b>30. PART-TIME RESIDENTIAL POPULATION</b>	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												

<b>31. TEMPORARY &amp; TRANSIENT USERS</b>	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible to the public?												

<b>32. REGULAR NON-RESIDENTIAL USERS</b>	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
B. How many days per month are they present?												

<b>33. ROUTINE COLIFORM SCHEDULE</b>	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	1	1	1	1	1	1	1	1	1	1	1	1

**35. Reason for Submitting WFI:**  
☐ Update - Change   
 ☐ Update - No Change   
 ☐ Inactivate   
 ☐ Re-Activate   
 ☐ Name Change   
 ☐ New System   
 ☐ Other \_\_\_\_\_

**36. I certify that the information stated on this WFI form is correct to the best of my knowledge.**  
 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

# WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 2  
Updated: 07/20/2007  
Printed: 08/26/2009  
WFI Printed For: On-Demand  
Submission Reason: Non-Periodic update

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

1. SYSTEM ID NO. 63479 B	2. SYSTEM NAME OLYMPIC MALL WATER SYSTEM	3. COUNTY PIERCE	4. GROUP A	5. TYPE Comm
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6. PRIMARY CONTACT NAME & MAILING ADDRESS  BOB BLACKMAN <i>Chief Ops officer</i> [OPERATIONS MANAGER] PO BOX 44427 TACOMA, WA 98448-0427	7. OWNER NAME & MAILING ADDRESS  RAINIER VIEW WATER CO BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448	8. Owner Number 000212  TITLE: OWNER CONTACT
STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 5410 189TH ST E CITY PUYALLUP STATE WA ZIP 98375	

9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (253) 537-6634 x1213	Owner Daytime Phone: (253) 537-6634
Primary Contact Mobile/Cell Phone:	Owner Mobile/Cell Phone:
Primary Contact Evening Phone: (253) 537-6634	Owner Evening Phone: (253) 537-6634
Fax: (253) 537-7896 E-mail: bob@rainierviewwater.com	Fax: (253) 537-7896 E-mail: irene@ranierviewwater.com

WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)	
<input checked="" type="checkbox"/> Not applicable (Skip to #12) <input type="checkbox"/> Owned and Managed <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only	SMA NAME: _____ SMA Number: _____

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)	
<input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial / Business <input type="checkbox"/> Day Care <input type="checkbox"/> Food Service/Food Permit <input type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Industrial <input type="checkbox"/> Licensed Residential Facility <input type="checkbox"/> Lodging <input type="checkbox"/> Recreational / RV Park <input checked="" type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Temporary Farm Worker <input type="checkbox"/> Other (church, fire station, etc.): _____

13. WATER SYSTEM OWNERSHIP (mark only one)	14. STORAGE CAPACITY (gallons)
<input type="checkbox"/> Association <input type="checkbox"/> County <input type="checkbox"/> City / Town <input checked="" type="checkbox"/> Investor <input type="checkbox"/> Private <input type="checkbox"/> Special District <input type="checkbox"/> State	835,000

15	16	17	18												19	20	21					22	23	24				
	SOURCE NAME	INTERTIE	SOURCE CATEGORY												USE		TREATMENT					DEPTH		SOURCE LOCATION				
Source Number	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER.  Example: WELL #1 XYZ456  IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RANNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	WELL #1				X								X			Y	X						239	110	NW NW	21	21N	02E
S02	WELL #2				X								X			Y	X						247	235	NW NW	21	21N	02E
S03	WELLS #1 & 2 WF (WELLFIELD)			X									X			Y	X						239	345	NW NW	21	21N	02E
S04	Gateway Well		X										X			N	X						343	200	NW NE	20	21N	02E

# WATER FACILITIES INVENTORY (WFI) FORM - Continued

<b>1. SYSTEM ID NO.</b> 63479 B	<b>2. SYSTEM NAME</b> OLYMPIC MALL WATER SYSTEM	<b>3. COUNTY</b> PIERCE	<b>4. GROUP</b> A	<b>5. TYPE</b> Comm
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	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED
<b>25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)</b>	0	401	606
A. Full Time Single Family Residences (Occupied 180 days or more per year)	401 606		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
<b>26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)</b>			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
<b>27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)</b>			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	0
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	107	107	107
<b>28. TOTAL SERVICE CONNECTIONS</b>		508	713

<b>29. FULL-TIME RESIDENTIAL POPULATION</b>	
A. How many residents are served by this system 180 or more days per year?	805

30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												

31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible to the public?												

32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
B. How many days per month are they present?												

33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	1	1	1	1	1	1	1	1	1	1	1	1

**35. Reason for Submitting WFI:**

☐ Update - Change  
 ☐ Update - No Change  
 ☐ Inactivate  
 ☐ Re-Activate  
 ☐ Name Change  
 ☐ New System  
 ☐ Other \_\_\_\_\_

**36. I certify that the information stated on this WFI form is correct to the best of my knowledge.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**PRINT NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_



# WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 2  
Updated: 01/04/2008  
Printed: 08/26/2009  
WFI Printed For: On-Demand  
Submission Reason: Annual Update

RETURN TO: Southwest Regional Office, PO Box 47823, Olympia, WA, 98504

1. SYSTEM ID NO. 67397 Y	2. SYSTEM NAME PINE LAKE MOBILE HOME EST 1 3	3. COUNTY KITSAP	4. GROUP A	5. TYPE Comm
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6. PRIMARY CONTACT NAME & MAILING ADDRESS  BOB BLACKMAN <i>Chief Ops Officer</i> [MANAGER] PO BOX 44427 TACOMA, WA 98448-0427	7. OWNER NAME & MAILING ADDRESS  RAINIER VIEW WATER CO BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448	8. Owner Number 000212  TITLE: OWNER CONTACT
STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 5410 189TH ST E CITY PUYALLUP STATE WA ZIP 98375	

9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (253) 537-6634 x1213	Owner Daytime Phone: (253) 537-6634
Primary Contact Mobile/Cell Phone:	Owner Mobile/Cell Phone:
Primary Contact Evening Phone: (253) 537-6634	Owner Evening Phone: (253) 537-6634
Fax: (253) 537-7896 E-mail: bob@rainierviewwater.com	Fax: (253) 537-7896 E-mail: irene@ranierviewwater.com

WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)	
<input checked="" type="checkbox"/> Not applicable (Skip to #12) <input type="checkbox"/> Owned and Managed <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only	SMA NAME: _____ SMA Number: _____

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)		
<input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial / Business <input type="checkbox"/> Day Care <input type="checkbox"/> Food Service/Food Permit <input type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Industrial <input type="checkbox"/> Licensed Residential Facility <input type="checkbox"/> Lodging <input type="checkbox"/> Recreational / RV Park	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Temporary Farm Worker <input type="checkbox"/> Other (church, fire station, etc.): _____

13. WATER SYSTEM OWNERSHIP (mark only one)	14. STORAGE CAPACITY (gallons)
<input type="checkbox"/> Association <input type="checkbox"/> City / Town <input type="checkbox"/> County <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Investor <input type="checkbox"/> Private <input type="checkbox"/> Special District <input type="checkbox"/> State	0

15	16	17	18												19	20	21					22	23	24				
	SOURCE NAME	INTERTIE	SOURCE CATEGORY												USE		TREATMENT					DEPTH		SOURCE LOCATION				
Source Number	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER.  Example: WELL #1 XYZ456  IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RANNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	WELL #1 WW AAB141				X								X			Y	X						118	60	SE NW	08	22N	02E
S02	WELL #2 WW AAB140				X								X			Y	X						115	93	SE NW	08	22N	02E
S03	WF (S01, S02)			X									X			Y	X						115	153	SE NW	08	22N	02E

# WATER FACILITIES INVENTORY (WFI) FORM - Continued

<b>1. SYSTEM ID NO.</b> 67397 Y	<b>2. SYSTEM NAME</b> PINE LAKE MOBILE HOME EST 1 3	<b>3. COUNTY</b> KITSAP	<b>4. GROUP</b> A	<b>5. TYPE</b> Comm
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	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED
<b>25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)</b>	0	72	82
A. Full Time Single Family Residences (Occupied 180 days or more per year)	72		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
<b>26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)</b>			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
<b>27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)</b>			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	0
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	0	0	0
<b>28. TOTAL SERVICE CONNECTIONS</b>		72	82

<b>29. FULL-TIME RESIDENTIAL POPULATION</b>	
A. How many residents are served by this system 180 or more days per year?	180

30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												

31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible to the public?												

32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
B. How many days per month are they present?												

33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	1	1	1	1	1	1	1	1	1	1	1	1

<b>35. Reason for Submitting WFI:</b>	
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☐ Update - Change  
 ☐ Update - No Change  
 ☐ Inactivate  
 ☐ Re-Activate  
 ☐ Name Change  
 ☐ New System  
 ☐ Other \_\_\_\_\_

<b>36. I certify that the information stated on this WFI form is correct to the best of my knowledge.</b>	
<b>SIGNATURE:</b> _____	<b>DATE:</b> _____
<b>PRINT NAME:</b> _____	<b>TITLE:</b> _____

# WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 2  
Updated: 11/28/2006  
Printed: 08/26/2009  
WFI Printed For: On-Demand  
Submission Reason: Other

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

1. SYSTEM ID NO. 70000 7	2. SYSTEM NAME PURDY ACRES WATER SYSTEM EAST	3. COUNTY PIERCE	4. GROUP A	5. TYPE Comm
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6. PRIMARY CONTACT NAME & MAILING ADDRESS  BOB BLACKMAN <sup>Chief Ops Officer</sup> [MANAGER] PO BOX 44427 TACOMA, WA 98448-0427	7. OWNER NAME & MAILING ADDRESS  RAINIER VIEW WATER CO BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448	8. Owner Number 000212  TITLE: OWNER CONTACT
STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 5410 189TH ST E CITY PUYALLUP STATE WA ZIP 98375	

9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (253) 537-6634 x1213	Owner Daytime Phone: (253) 537-6634
Primary Contact Mobile/Cell Phone:	Owner Mobile/Cell Phone:
Primary Contact Evening Phone: (253) 537-6634	Owner Evening Phone: (253) 537-6634
Fax: (253) 537-7896 E-mail: bob@rainierviewwater.com	Fax: (253) 537-7896 E-mail: irene@ranierviewwater.com
WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.	

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)	
<input checked="" type="checkbox"/> Not applicable (Skip to #12)	
<input type="checkbox"/> Owned and Managed	SMA NAME: _____
<input type="checkbox"/> Managed Only	SMA Number: _____
<input type="checkbox"/> Owned Only	

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)		
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Hospital/Clinic	<input checked="" type="checkbox"/> Residential
<input type="checkbox"/> Commercial / Business	<input type="checkbox"/> Industrial	<input type="checkbox"/> School
<input type="checkbox"/> Day Care	<input type="checkbox"/> Licensed Residential Facility	<input type="checkbox"/> Temporary Farm Worker
<input type="checkbox"/> Food Service/Food Permit	<input type="checkbox"/> Lodging	<input type="checkbox"/> Other (church, fire station, etc.): _____
<input type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input type="checkbox"/> Recreational / RV Park	

13. WATER SYSTEM OWNERSHIP (mark only one)	14. STORAGE CAPACITY (gallons)
<input type="checkbox"/> Association	500
<input type="checkbox"/> County	
<input type="checkbox"/> City / Town	
<input checked="" type="checkbox"/> Investor	
<input type="checkbox"/> Private	
<input type="checkbox"/> Special District	
<input type="checkbox"/> State	

15	16	17	18										19	20	21					22	23	24						
	SOURCE NAME	INTERTIE	SOURCE CATEGORY										USE		TREATMENT					DEPTH		SOURCE LOCATION						
Source Number	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER.  Example: WELL #1 XYZ456  IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RANNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	WELL #1 AAB134		X										X			Y	X						87	30	NE NW	13	22N	01E
S02	WELL #2 AEF325		X										X			Y	X						132	50	NE NW	13	22N	01E

# WATER FACILITIES INVENTORY (WFI) FORM - Continued

<b>1. SYSTEM ID NO.</b> 70000 7	<b>2. SYSTEM NAME</b> PURDY ACRES WATER SYSTEM EAST	<b>3. COUNTY</b> PIERCE	<b>4. GROUP</b> A	<b>5. TYPE</b> Comm
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	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED
<b>25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)</b>	0	29	Unapproved
A. Full Time Single Family Residences (Occupied 180 days or more per year)	29		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
<b>26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)</b>			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
<b>27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)</b>			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	0	0	
<b>28. TOTAL SERVICE CONNECTIONS</b>		29	

<b>29. FULL-TIME RESIDENTIAL POPULATION</b>
A. How many residents are served by this system 180 or more days per year? <span style="float: right; margin-right: 50px;">78</span>

30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												

31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible to the public?												

32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
B. How many days per month are they present?												

33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	1	1	1	1	1	1	1	1	1	1	1	1

<b>35. Reason for Submitting WFI:</b>
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☐ Update - Change  
 ☐ Update - No Change  
 ☐ Inactivate  
 ☐ Re-Activate  
 ☐ Name Change  
 ☐ New System  
 ☐ Other \_\_\_\_\_

<b>36. I certify that the information stated on this WFI form is correct to the best of my knowledge.</b>	
SIGNATURE: _____	DATE: _____
PRINT NAME: _____	TITLE: _____



# WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 2  
Updated: 11/28/2006  
Printed: 08/26/2009  
WFI Printed For: On-Demand  
Submission Reason: Other

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

1. SYSTEM ID NO. 35354 5	2. SYSTEM NAME RANCH WATER SYSTEM	3. COUNTY PIERCE	4. GROUP A	5. TYPE Comm
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6. PRIMARY CONTACT NAME & MAILING ADDRESS  BOB BLACKMAN <sup>Chief ops officer</sup> [OPERATIONS MANAGER] PO BOX 44427 TACOMA, WA 98448-0427	7. OWNER NAME & MAILING ADDRESS  RAINIER VIEW WATER CO BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448	8. Owner Number 000212  TITLE: OWNER CONTACT
STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 5410 189TH ST E CITY PUYALLUP STATE WA ZIP 98375	

9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (253) 537-6634 x1213	Owner Daytime Phone: (253) 537-6634
Primary Contact Mobile/Cell Phone:	Owner Mobile/Cell Phone:
Primary Contact Evening Phone: (253) 537-6634	Owner Evening Phone: (253) 537-6634
Fax: (253) 537-7896 E-mail: bob@rainierviewwater.com	Fax: (253) 537-7896 E-mail: irene@ranierviewwater.com

WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)	
<input checked="" type="checkbox"/> Not applicable (Skip to #12) <input type="checkbox"/> Owned and Managed <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only	SMA NAME: _____ SMA Number: _____

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)		
<input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial / Business <input type="checkbox"/> Day Care <input type="checkbox"/> Food Service/Food Permit <input type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Industrial <input type="checkbox"/> Licensed Residential Facility <input type="checkbox"/> Lodging <input type="checkbox"/> Recreational / RV Park	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Temporary Farm Worker <input type="checkbox"/> Other (church, fire station, etc.): _____

13. WATER SYSTEM OWNERSHIP (mark only one)	14. STORAGE CAPACITY (gallons)
<input type="checkbox"/> Association <input type="checkbox"/> City / Town <input type="checkbox"/> County <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Investor <input type="checkbox"/> Private <input type="checkbox"/> Special District <input type="checkbox"/> State	0

15	16	17	18												19	20	21					22	23	24				
	SOURCE NAME	INTERTIE	SOURCE CATEGORY												USE		TREATMENT					DEPTH		SOURCE LOCATION				
Source Number	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER.  Example: WELL #1 XYZ456  IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RANNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	WELL #1 ABA684				X								X			Y	X						153	118	NW SW	34	18N	03E
S02	WELL #2 ABA685				X								X			Y	X						152	120	NW SW	34	18N	03E
S03	WELLS #1 & 2			X									X			Y	X						153	238	NW SW	34	18N	03E

# WATER FACILITIES INVENTORY (WFI) FORM - Continued

<b>1. SYSTEM ID NO.</b> 35354 5	<b>2. SYSTEM NAME</b> RANCH WATER SYSTEM	<b>3. COUNTY</b> PIERCE	<b>4. GROUP</b> A	<b>5. TYPE</b> Comm
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	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED
<b>25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)</b>	0	65	68
A. Full Time Single Family Residences (Occupied 180 days or more per year)	<u>65 68</u>		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
<b>26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)</b>			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
<b>27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)</b>			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	0
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	0	0	0
<b>28. TOTAL SERVICE CONNECTIONS</b>		65	68

<b>29. FULL-TIME RESIDENTIAL POPULATION</b>
A. How many residents are served by this system 180 or more days per year? <u>165 170</u>

30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												

31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible to the public?												

32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
B. How many days per month are they present?												

33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	1	1	1	1	1	1	1	1	1	1	1	1

**35. Reason for Submitting WFI:**

☐ Update - Change  
 ☐ Update - No Change  
 ☐ Inactivate  
 ☐ Re-Activate  
 ☐ Name Change  
 ☐ New System  
 ☐ Other \_\_\_\_\_

**36. I certify that the information stated on this WFI form is correct to the best of my knowledge.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

# WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 2  
Updated: 12/21/2006  
Printed: 08/26/2009  
WFI Printed For: On-Demand  
Submission Reason: Other

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

1. SYSTEM ID NO. 72975 W	2. SYSTEM NAME RIVERVIEW WATER SYSTEM	3. COUNTY PIERCE	4. GROUP A	5. TYPE Comm
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6. PRIMARY CONTACT NAME & MAILING ADDRESS  Chief Ops Officer BOB BLACKMAN [OPERATIONS MANAGER] PO BOX 44427 TACOMA, WA 98448-0427	7. OWNER NAME & MAILING ADDRESS  RAINIER VIEW WATER CO BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448	8. Owner Number 000212  TITLE: OWNER CONTACT
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STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 5410 189TH ST E CITY PUYALLUP STATE WA ZIP 98375
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9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (253) 537-6634 x1213	Owner Daytime Phone: (253) 537-6634
Primary Contact Mobile/Cell Phone:	Owner Mobile/Cell Phone:
Primary Contact Evening Phone: (253) 537-6634	Owner Evening Phone: (253) 537-6634
Fax: (253) 537-7896 E-mail: bob@rainierviewwater.com	Fax: (253) 537-7896 E-mail: irene@rainierviewwater.com

WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)	
<input checked="" type="checkbox"/> Not applicable (Skip to #12) <input type="checkbox"/> Owned and Managed SMA NAME: _____ SMA Number: _____ <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only	

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)	
<input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial / Business <input type="checkbox"/> Day Care <input type="checkbox"/> Food Service/Food Permit <input type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Industrial <input type="checkbox"/> Licensed Residential Facility <input type="checkbox"/> Lodging <input type="checkbox"/> Recreational / RV Park
<input checked="" type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Temporary Farm Worker <input type="checkbox"/> Other (church, fire station, etc.): _____	

13. WATER SYSTEM OWNERSHIP (mark only one)	14. STORAGE CAPACITY (gallons)
<input type="checkbox"/> Association <input type="checkbox"/> County <input type="checkbox"/> City / Town <input checked="" type="checkbox"/> Investor <input type="checkbox"/> Private <input type="checkbox"/> Special District <input type="checkbox"/> State	500

15	16	17	18										19	20	21					22	23	24						
	SOURCE NAME	INTERTIE	SOURCE CATEGORY										USE		TREATMENT					DEPTH		SOURCE LOCATION						
Source Number	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER.  Example: WELL #1 XYZ456  IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RANNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	WELL A AAB144				X								X			Y	X						60	75	SW NW	27	17N	02E
S02	WELL B AAB145				X								X			Y	X						110	50	SW NW	27	17N	02E
S03	WELLS A & B			X									X				X						60	125	SW NW	27	17N	02E

# WATER FACILITIES INVENTORY (WFI) FORM - Continued

<b>1. SYSTEM ID NO.</b> 72975 W	<b>2. SYSTEM NAME</b> RIVERVIEW WATER SYSTEM	<b>3. COUNTY</b> PIERCE	<b>4. GROUP</b> A	<b>5. TYPE</b> Comm
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	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED
<b>25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)</b>	0	31	36
A. Full Time Single Family Residences (Occupied 180 days or more per year)	3135		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
<b>26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)</b>			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
<b>27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)</b>			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	0
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	0	0	0
<b>28. TOTAL SERVICE CONNECTIONS</b>		31	36

<b>29. FULL-TIME RESIDENTIAL POPULATION</b>
A. How many residents are served by this system 180 or more days per year? <span style="float: right;">1788</span>

<b>30. PART-TIME RESIDENTIAL POPULATION</b>	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												

<b>31. TEMPORARY &amp; TRANSIENT USERS</b>	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible to the public?												

<b>32. REGULAR NON-RESIDENTIAL USERS</b>	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
B. How many days per month are they present?												

<b>33. ROUTINE COLIFORM SCHEDULE</b>	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	1	1	1	1	1	1	1	1	1	1	1	1

<b>35. Reason for Submitting WFI:</b>
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☐ Update - Change  
 ☐ Update - No Change  
 ☐ Inactivate  
 ☐ Re-Activate  
 ☐ Name Change  
 ☐ New System  
 ☐ Other \_\_\_\_\_

<b>36. I certify that the information stated on this WFI form is correct to the best of my knowledge.</b>	
SIGNATURE: _____	DATE: _____
PRINT NAME: _____	TITLE: _____



# WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 2

Updated: 01/06/2009

Printed: 08/26/2009

WFI Printed For: On-Demand

Submission Reason: Source Update

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

1. SYSTEM ID NO. 73620 P	2. SYSTEM NAME ROCKY BAY_WATER SYSTEM	3. COUNTY PIERCE	4. GROUP A	5. TYPE Comm
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6. PRIMARY CONTACT NAME & MAILING ADDRESS  <i>Chief Ops Officer</i> BOB BLACKMAN [OPERATIONS MANAGER] PO BOX 44427 TACOMA, WA 98448-0427	7. OWNER NAME & MAILING ADDRESS  RAINIER VIEW WATER CO BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448  TITLE: OWNER CONTACT	8. Owner Number 000212
STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE ZIP	STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 5410 189TH ST E CITY PUYALLUP STATE WA ZIP 98375	

9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (253) 537-6634 x1213	Owner Daytime Phone: (253) 537-6634
Primary Contact Mobile/Cell Phone:	Owner Mobile/Cell Phone:
Primary Contact Evening Phone: (253) 537-6634	Owner Evening Phone: (253) 537-6634
Fax: (253) 537-7896 E-mail: bob@rainierviewwater.com	Fax: (253) 537-7896 E-mail: irene@ranierviewwater.com

WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)	
<input checked="" type="checkbox"/> Not applicable (Skip to #12) <input type="checkbox"/> Owned and Managed <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only	SMA NAME: _____ SMA Number: _____

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)		
<input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial / Business <input type="checkbox"/> Day Care <input type="checkbox"/> Food Service/Food Permit <input type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Industrial <input type="checkbox"/> Licensed Residential Facility <input type="checkbox"/> Lodging <input type="checkbox"/> Recreational / RV Park	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Temporary Farm Worker <input type="checkbox"/> Other (church, fire station, etc.): _____

13. WATER SYSTEM OWNERSHIP (mark only one)	14. STORAGE CAPACITY (gallons)
<input type="checkbox"/> Association <input type="checkbox"/> City / Town <input type="checkbox"/> County <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Investor <input type="checkbox"/> Private <input type="checkbox"/> Special District <input type="checkbox"/> State	15,000

15	16	17	18										19	20	21					22	23	24						
	SOURCE NAME	INTERTIE	SOURCE CATEGORY										USE		TREATMENT					DEPTH		SOURCE LOCATION						
Source Number	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER.  Example: WELL #1 XYZ456  IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RAINNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	WELL #1 ABE928		X										X			Y	X						186	15	SW NE	27	22N	01W

# WATER FACILITIES INVENTORY (WFI) FORM - Continued

<b>1. SYSTEM ID NO.</b> 73620 P	<b>2. SYSTEM NAME</b> ROCKY BAY_WATER SYSTEM	<b>3. COUNTY</b> PIERCE	<b>4. GROUP</b> A	<b>5. TYPE</b> Comm
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	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED
<b>25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)</b>	0	13	Undetermined
A. Full Time Single Family Residences (Occupied 180 days or more per year)	13		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
<b>26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)</b>			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
<b>27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)</b>			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	0	0	
<b>28. TOTAL SERVICE CONNECTIONS</b>		13	

<b>29. FULL-TIME RESIDENTIAL POPULATION</b>
A. How many residents are served by this system 180 or more days per year? <span style="float: right; margin-right: 50px;">30</span>

30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												

31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible to the public?												

32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
B. How many days per month are they present?												

33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	1	1	1	1	1	1	1	1	1	1	1	1

<b>35. Reason for Submitting WFI:</b>
---------------------------------------

☐ Update - Change  
 ☐ Update - No Change  
 ☐ Inactivate  
 ☐ Re-Activate  
 ☐ Name Change  
 ☐ New System  
 ☐ Other \_\_\_\_\_

**36. I certify that the information stated on this WFI form is correct to the best of my knowledge.**

SIGNATURE: _____	DATE: _____
PRINT NAME: _____	TITLE: _____